

Pennsylvania Department of Health

|   |   |  |   |                          |   |
|---|---|--|---|--------------------------|---|
| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTION (POC)   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>39C0001207</b> | (X2) MULTIPLE CONSTRUCTION:<br><br>A. BLDG: <u>00</u><br>B. WING: _____                                   |                          | (X3) DATE SURVEY<br>COMPLETED:<br><br><b>10/27/2022</b> |
| NAME OF PROVIDER OR SUPPLIER:<br><b>ALLEGHENY REGIONAL ENDOSCOPY</b><br><br>STATE LICENSE NUMBER: <b>18631501</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>810 VALLEY VIEW BOULEVARD</b><br><b>ALTOONA, PA 16602</b>    |                          |   |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY<br>MUST BE PRECEDED BY FULL REGULATORY OR LSC<br>IDENTIFYING INFORMATION)  | ID<br>PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH<br>CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |   |
| S 0000  | <p>INITIAL COMMENT</p> <p>This report is the result of a State licensure survey conducted on October 27, 2022, at Allegheny Regional Endoscopy Center. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p> | S 0000   |   |                          |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



# Certified End Page

**ALLEGHENY REGIONAL ENDOSCOPY**

**STATE LICENSE NUMBER: 18631501**

**SURVEY EXIT DATE: 10/27/2022**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY